FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

7 2233

OMB APPROVAL	
OMB Number:	3235-0076
Expires:	May 31, 2002
Estimated average burden hours per for	rm 16.00



# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC USI	E ONLY	
Prefix			Serial
	DATE RE	CEIVED	

Name of Offering ( check if this is an amendment and name has changed, and indicate change	ge.)
Offering of Limited Partnership Interests	
Filing Under (check box(es) that apply): Rule 504 Rule 505 Ru	le 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	•
Name of Issuer ( check if this is an amendment and name has changed, and indicate change	2.)
Common Sense Partners, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
15350 S.W. Sequoia Parkway, Suite 140, Portland, OR 97224	(503) 639-6551
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
	• • • • • • • • • • • • • • • • • • • •
Brief Description of Business	
Investments in securities and investment partnerships	< NOV 1 4 2002-
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ other (please	specify):
business trust limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization: $ 1 1   9 0  \boxtimes Ac$	tual   Estimated   ESCIP
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	for State:
CN for Canada; FN for foreign jurisdiction)	

## **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.50F et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97) 1 of 8

THOMSON

#### **B. BASIC IDENTIFICATION DATA** 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full name (Last name first, if individual) Common Sense Investment Management LLC Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 140, Portland, OR 97224 □ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full name (Last name first, if individual) Bisenius, James A.—Managing Director and CEO of Common Sense Investment Management LLC, General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 140, Portland, OR 97224 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full name (Last name first, if individual) Stuvland, Craig—Managing Director of Common Sense Investment Management LLC, General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 140, Portland, OR 97224 Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: □ Director General and/or Managing Partner Full name (Last name first, if individual) Strade, Kathy— Managing Director and Sr. Vice President of Common Sense Investment Management LLC, General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 140, Portland, OR 97224 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full name (Last name first, if individual) Thompson, Scott—Managing Director and Sr. Vice President of Common Sense Investment Management LLC, General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 140, Portland, OR 97224 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Strade, Stacey-Vice President of Common Sense Investment Management LLC, General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 15350 S.W. Sequoia Parkway, Suite 140, Portland, OR 97224 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

XRV00I.DOC 02/11/12 2 of 8 SEC 1972 (2/97)

					C. II	NFORMAT	TION ABO	UT OFFER	RING			-	
												Yes	No
1.	Has th	e issuer sol	d, or does t						=			🛛	
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?								\$1,000	*000				
3. Does the offering permit joint ownership of a single unit?							Yes ⊠	No					
4.	Enter	the inform	ation reque	ested for ea	ch person	who has b	een or will	be paid o	r given, di	rectly or in	directly, any	/	
											e offering. It with a state or		
	states,	list the nat	me of the b	roker or de	aler. If mo	ore than five	e (5) persor	ns to be list			ons of such a		
			first, if ind	t forth the ir	Hormation	ioi that blok	ter or dealer	only.		<del></del> .		·	
NO!				,									
Bus	iness o	r Residence	e Address (	Number and	l Street, Cit	y, State, Zip	Code)						
Nan	ne of A	ssociated E	Broker or D	ealer									
				as Solicited									II Ctotos
	(Check AL	All State  □AK	S of check		States) ☐CA	□co	□ст	□DE	□DC	□FL	□GA	[] <i>F</i>	Il States □ID
	]IL	□lN	□IA	□KS	□KY	□LA	 МЕ	□MD	□MA	ШMI	□MN	□MS	□мо
	MT	□NE	□NV	□NH	□NJ	□NM	□NY	□NC	□ND	□он	□ок	□or	□РА
	]RI	□sc	□SD	□TN	$\Box$ TX	UT	□VT	□VA	□WA	□wv	□WI	□WY	□PR
Full	l name	(Last name	first, if ind	lividual)			· · · · · · · · · · · · · · · · · · ·						
Bus	iness c	or Residence	e Address (	Number and	d Street, Cit	y, State, Zip	Code)			<u></u>			
Nan	ne of A	ssociated E	Broker or D	ealer	<u> </u>								
Stat	oc in U					. C 11 1 D					• •		
	es III v	Vhich Perso	n Listed H	as Solicited	or Intends	to Solicit Pu	ırchasers						
	(Check	c "All State	s" or check	individual :	States)								
	(Checl AL	k "All State □AK	s" or check AZ	individual :	States)	□со	□ст	DE	DC	□FL	□GA	□HI	□ID
	(Checl  AL ]IL	c "All State □AK □IN	s" or check □AZ □IA	individual ( AR KS	States) CA KY	□CO □LA	□СТ □ме	□DE □MD	□DC □MA	□FL □MI	□GA □MN	□HI □MS	□ID □MO
	(Check  AL ]IL MT	c "All State □AK □IN □NE	s" or check \[ AZ \[ IA \[ NV	individual ( AR KS NH	States) CA KY NJ	□CO □LA □NM	□CT □ME □NY	□DE □MD □NC	□DC □MA □ND	□fl □mi □oh	□GA □MN □OK	□HI □MS □OR	□ID □MO □PA
	(Check  AL ]IL MT ]RI	c "All State  AK  IN  NE  SC	s" or check  AZ  IA  NV  SD	individual :  AR  KS  NH	States) CA KY	□CO □LA	□СТ □ме	□DE □MD	□DC □MA	□FL □MI	□GA □MN	□HI □MS	□ID □MO
	(Check  AL ]IL MT ]RI	c "All State  AK  IN  NE  SC	s" or check \[ AZ \[ IA \[ NV	individual :  AR  KS  NH	States) CA KY NJ	□CO □LA □NM	□CT □ME □NY	□DE □MD □NC	□DC □MA □ND	□fl □mi □oh	□GA □MN □OK	□HI □MS □OR	□ID □MO □PA
Full	(Check AL ]IL MT ]RI	c "All State  □ AK  □ IN  □ NE  □ SC  (Last name	s" or check  AZ  IA  NV  SD  first, if ind	individual :  AR  KS  NH	States)  CA  KY  NJ  TX	□CO □LA □NM □UT	□CT □ME □NY □VT	□DE □MD □NC	□DC □MA □ND	□fl □mi □oh	□GA □MN □OK	□HI □MS □OR	□ID □MO □PA
Full	(Check  AL  IL  MT  RI   name	C "All State ☐ AK ☐ IN ☐ NE ☐ SC (Last name or Residence)	s" or check  AZ  IA  NV  SD  first, if ind	individual :  AR  KS  NH  TN  lividual)	States)  CA  KY  NJ  TX	□CO □LA □NM □UT	□CT □ME □NY □VT	□DE □MD □NC	□DC □MA □ND	□fl □mi □oh	□GA □MN □OK	□HI □MS □OR	□ID □MO □PA
Full Bus	(Check  AL  IL  MT  RI   name   name   name of A	"All State  □ AK  □ IN  □ NE  □ SC  (Last name)  Or Residence  Associated E	s" or check  AZ  IA  NV  SD  first, if ind  e Address (  Broker or D	individual :  AR  KS  NH  TN  lividual)  Number and ealer  as Solicited	States)  CA  KY  NJ  TX  d Street, Cit	CO LA NM UT  y, State, Zip	CT  ME  NY  VT  Co Code)	□DE □MD □NC □VA	□DC □MA □ND □WA	□FL □MI □OH □WV	□GA □MN □OK □WI	□HI □MS □OR □WY	□ID □MO □PA □PR
Full Bus	(Checkler) AL  JIL  MT  RI  I name  me of A  res in V (Checkler)	"All State  □ AK  □ IN  □ NE  □ SC  (Last name  or Residence  Associated E  Which Persoc  "All State	s" or check  AZ  IA  NV  SD  first, if ind  e Address (  Broker or D  on Listed H. s" or check	individual :  AR  KS  NH  TN  lividual)  Number and ealer  as Solicited individual	States)  CA  KY  NJ  TX  d Street, Cit  or Intends  States)	CO  LA  NM  UT  y, State, Zin	CT ME NY VT Code)	□DE □MD □NC □VA	□DC □MA □ND □WA	□FL □MI □OH □WV	□GA □MN □OK □WI	□HI □MS □OR □WY	□ID □MO □PA □PR
Full Buss Nam	(Check AL	C "All State  □ AK  □ IN  □ NE  □ SC  (Last name)  Or Residence  Associated E  Which Persoc  K "All State  □ AK	s" or check  AZ  IA  NV  SD  first, if ind  e Address (  Broker or D  on Listed H  s" or check  AZ	individual :  AR  KS  NH  TN  Iividual)  Number and ealer  as Solicited individual :  AR	States)  CA  KY  NJ  TX  I Street, Cit  or Intends  States)  CA	CO  LA  NM  UT  y, State, Zip  to Solicit Pu	CT  ME  NY  VT  Code)	□DE □MD □NC □VA □DE	□DC □MA □ND □WA	□FL □MI □OH □WV	□GA □MN □OK □WI	□HI □MS □OR □WY	□ID □MO □PA □PR  All States □ID
Full Bus Nam	(Checkler) AL  JIL  MT  RI  I name  me of A  res in V (Checkler)	"All State  □ AK  □ IN  □ NE  □ SC  (Last name  or Residence  Associated E  Which Persoc  "All State	s" or check  AZ  IA  NV  SD  first, if ind  e Address (  Broker or D  on Listed H. s" or check	individual :  AR  KS  NH  TN  lividual)  Number and ealer  as Solicited individual	States)  CA  KY  NJ  TX  d Street, Cit  or Intends  States)	CO  LA  NM  UT  y, State, Zin	CT ME NY VT Code)	□DE □MD □NC □VA	□DC □MA □ND □WA	□FL □MI □OH □WV	□GA □MN □OK □WI	□HI □MS □OR □WY	□ID □MO □PA □PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

XRV001.DOC 02/11/12

<sup>\*</sup> General Partner has discretion to accept lesser amounts

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$ 0
	Equity	\$ 0	\$ 0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ 0	\$ 0
	Partnership Interests	\$1,000,000,000*	\$399,816,527**
	Other (Specify)	\$ 0	<b>\$</b> 0
	Total	\$1,000,000,000*	\$399,816,527**
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar  Amount of  Purchasers
	Accredited Investors	215**	\$397,166,527**
	Non-accredited Investors	10**	\$ 2,650,000**
	Total (for filings under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		- <del>\$</del>
	Rule 504		- <del>\$</del>
	Total		- <del>\$</del>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_
	Transfer Agent's Fees	. 🗆	\$
	Printing and Engraving Costs.	. 🗆	\$
	Legal Fees		\$ 124,800
	Accounting Fees.		\$ 133,100
	Engineering Fees	. 🗆	\$
	Sales Commissions (specify finders' fees separately)	. 🗆	\$
	Other Expenses (identify) filing fees, travel expenses, etc.		\$ 52,100
	Total		\$ 310,000

<sup>\*</sup> Estimated.

 $<sup>\</sup>ensuremath{^{**}}$  Totals are reflective of current U.S. investors and investment amounts.

	C. OFFERING	PRICE, NUMBER OF INVESTORS, EXPENSE	ES AND US	E OF PROCEED	S	
	Question I and total expenses furn	the aggregate offering price given in response to shed in response to Part C - Question 4.a. This diffisuer."	ference is		\$39	9,506,527
5.	used for each of the purposes show estimate and check the box to the	adjusted gross proceeds to the issuer used or propo vn. If the amount for any purpose is not known, f left of the estimate. The total of the payments lis to the issuer set forth in response to Part C - Que	urnish an sted must			
			Payı	ments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees			\$0		\$0
	Purchase of real estate			\$0		\$0
	<del>-</del>	allation of machinery and equipment		\$0		\$0
	Construction or leasing of plant bui	ldings and facilities		\$0		\$0
	that may be used in exchange for	the assets or securities of another issuer pursuant	t to a	\$0		<del>\$</del> 0
	<i>y</i>			-	님	
	Repayment of Indebtedness			\$0	Ш	\$0
	Working capital			\$0	$\boxtimes$	\$399,506,527
Ot	her (specify):			\$0		\$0
	Column totals			\$0	$\boxtimes$	\$399,506,527
Тс		lded)	_		_	
	, (	,		<u> </u>		<del></del>
		D. FEDERAL SIGNATURE				
sig	nature constitutes an undertaking by	be signed by the undersigned duly authorized personant to furnish to the U.S. Securities and Exchange non-accredited investor pursuant to paragraph (b)	ange Commi	ssion, upon writter		
Co	suer (Print or Type) ommon Sense Partners, L.P.	Signature Lift A. Jh	Date Nov	ember 12, 2002		
	ame of Signer (Print or Type) ott Thompson	Title of Signer (Print or Type)  Managing Director and Sr. Vice President o  General Partner	f Common S	ense Investment M	fanago	ement LLC,

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)